

## CENTERS FOR DISEASE CONTROL AND PREVENTION

(Dollars in millions)

	<u>1995 Actual</u>	<u>1996 Policy*</u>	<u>1997 Request</u>	<u>Request +/-Policy</u>
Program Level .....	\$2,223	\$2,256	\$2,343	+\$87
Budget Authority .....	2,125	2,155	2,230	+75
Outlays .....	1,786	1,971	2,066	+95
FTE ..	6,645	6,592	6,592	0

\* Based on FY 1996 appropriation, including an incremental policy adjustment.

Comparable Table--includes Bureau of Mines Safety and Health Research comparable figures for FY 1995 and FY 1996.

### **Summary**

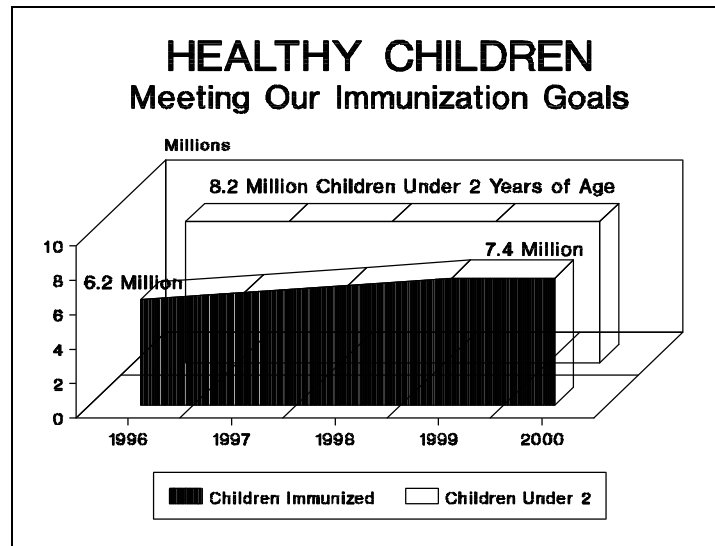
The FY 1997 President's Budget request for the Centers for Disease Control and Prevention (CDC) provides a \$2.3 billion level of spending.

CDC is the leading public health agency responsible for disease prevention and health promotion efforts. Consistent with the strategies articulated in the Healthy People 2000 report, emphasis is placed on expanding proven prevention services which target improving the health status of all Americans. Special attention is placed on healthy lifestyles at an early age and on preventing costly health problems, particularly those affecting the economically disadvantaged. As this nation moves closer to the millennium, CDC is focusing on developing measures of prevention effectiveness and health outcomes.

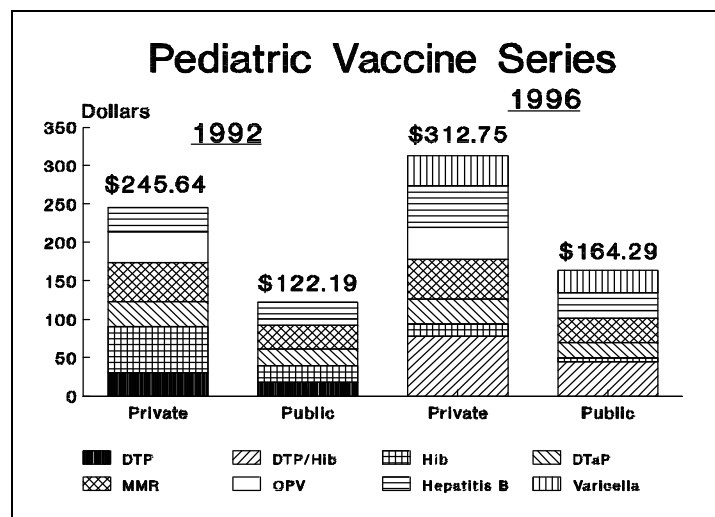
### **Childhood Immunization**

It is the Administration's goal that, no later than the year 2000, at least 90 percent of the nation's two-year-olds will be fully immunized. Over the past three years, investments in childhood vaccines and State vaccine delivery infrastructures have moved the Nation further toward accomplishing this goal. For 1995, the National Immunization Survey (NIS) indicates that 75 percent of our two-year-olds are now fully immunized compared to just 55 percent in 1992. In FY 1997, the Administration will spend a total of \$1.0 billion on childhood immunization--\$488 million on CDC discretionary programs and \$524 million on the Vaccines for Children (VFC) entitlement program.

As part of its broad Childhood Immunization Initiative, the CDC has been working toward global polio eradication--and this goal is within reach--achievable by the year 2000. The FY 1997 request includes an increase of \$20 million, or a total of \$47 million, for global polio eradication. Data now indicate that polio cases are down by 80 percent globally since 1988. According to 1994 data, 145 countries in the world are already polio-free. Yet, the World Health Organization (WHO) estimates that over 100,000 children are needlessly crippled by polio paralysis each year.



Over the past year, tremendous strides have been made in implementing the new VFC entitlement program. Over 39,000 providers in the U.S. have been recruited to provide VFC vaccines to Medicaid, uninsured, underinsured, American Indian, and Alaska Native children at their first medical point of contact. Enrolling providers in VFC reduces the missed opportunities for immunization formerly caused by provider referrals to public health clinics which required parents to make a second trip away from a child's medical home for vaccinations. In FY 1996, the VFC program will become fully operational and Medicaid payments for vaccines will be completely phased out. For the first time in FY 1996, CDC also will be able to help States target resources to pockets of need because of the new National Immunization Survey.



## HIV/AIDS

A total of \$617 million, an increase of \$34 million (6 percent) over FY 1996, is requested for CDC HIV/AIDS prevention programs. The request includes \$20 million for applied HIV/AIDS research which will enable CDC and its prevention partners to identify effective interventions for specific populations, for instance--women; injecting drug and other substance abusers; and high-risk youth, both in and out of school. In addition, \$12 million will be used to build on the community planning model established by the HIV/AIDS program last year. This model gives grantees broad discretion in setting program priorities and determining how funds will be spent--resulting in customized programs necessary to meet

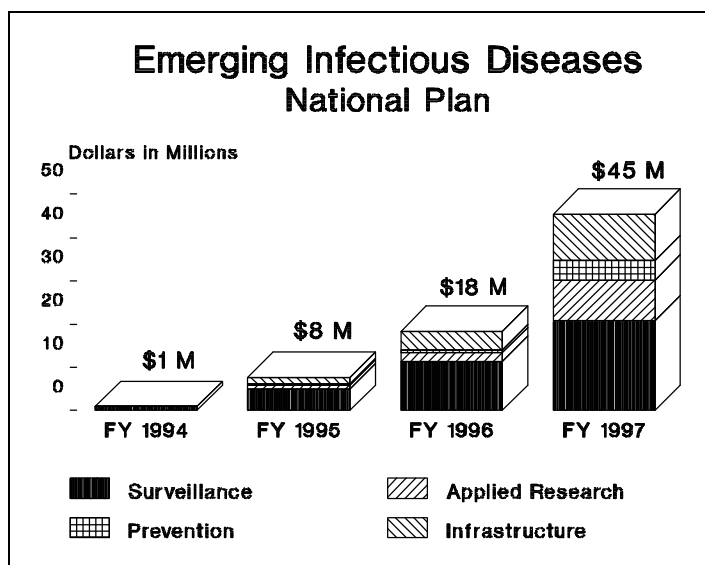
the needs of diverse communities across this nation. This flexibility permits communities to target resources to where they are most needed and will have the most impact--for instance meeting the needs of adolescents. Also requested is an increase of \$2 million to meet the growing demand for tuberculosis testing of HIV-infected individuals. Of the total request, \$298 million will be awarded through an HIV/AIDS Performance Partnership Grant and \$319 million will remain with CDC for national outreach and education, technical assistance, and research.

### **New and Emerging Infectious Diseases**

In recent years, infectious disease outbreaks have taught us that we are susceptible to infectious diseases--HIV, plague, and influenza are good examples of that risk. Potential threats to U.S. health are steadily escalating because of increasing global interdependence, modern transportation, trade, and changing social and cultural patterns. CDC is seeking a total of \$88 million for infectious disease activities. Of this amount, \$45 million is included to implement the CDC national

prevention strategy for addressing emerging infectious disease threats--an increase of \$26 million over FY 1996. Since FY 1993, CDC's total budget for preventing and controlling infectious diseases has more than doubled. The FY 1997 request will provide financial and technical support to 30 State health departments for surveillance, epidemiologic and laboratory investigations, and educational programs on infectious diseases, including rapid identification and investigation of outbreaks and drug resistant diseases. Three additional population-based Emerging Infections Programs would be established, for a total of eight nationwide.

This investment has the potential to reduce the burden of illness due to infections and reduce health care costs substantially. For example, *Salmonella* infections now kill at least 1,000 Americans a year and add \$1 billion in medical costs to the country's health care burden; *Campylobacter* infections add another \$1 billion to our nation's health care bill; and influenza produces direct medical costs approaching \$5 billion and lost productivity costs of almost \$12 million each year.



## **HHS Survey Integration -- National Health and Nutrition Examination Survey (NHANES)**

HHS has closely reviewed its health data surveys and produced a long-range plan for health survey integration. This plan calls for linkages--field work, study samples, data collection questionnaires, etc.--and will result in more comprehensive data collection and analysis--as well as saving resources from economies of scale. In addition, surveys that were once periodic (done once a decade) are being converted to continuous surveys with the same periodicity--to be more responsive to the fast pace of the nation's health care enterprise. For the National Center for Health Statistics, the request totals \$90 million for health statistics in FY 1997.

The FY 1997 request includes an increase of \$10 million, or a total of \$14 million, for the National Health and Nutrition Examination Survey (NHANES). As part of the HHS survey integration plan, NHANES will be linked to the Medical Expenditure Panel Survey (MEPS) and the National Health Interview Survey (NHIS). The analytic linkage of these three surveys is crucial for providing ongoing monitoring of our nation's health status, insurance, expenditures, and health risk and behaviors.

NHANES is a consolidation of data efforts of multiple agencies and departments, not just CDC or HHS. Food fortification policy at FDA relies on NHANES measures, as does monitoring of toxicants for the EPA. NHANES provides unique information through direct physical examinations, biochemical measures, and nutritional analysis from a large, representative sample of persons. By direct standardized measurements, NHANES is able to objectively measure health conditions and risks, even if they are not known to the survey respondent.

NHANES also is the only national source of objectively measured health status data, and is essential to interpreting information from other integrated survey components. NHANES obtains direct measures of health necessary to measure the outcomes--not just the costs of--investments in health. These data also allow us to relate health care needs to health care use and expenditures. NHANES is an important part of national surveillance capability for infectious diseases, behavioral and environmental risk factors to health, undiagnosed preventable illnesses, food safety, nutritional status, and other critical issues. No other effort in the public or private sector provides the type of information available through NHANES. Examples of NHANES data uses include monitoring of: lead exposure, toxic exposure and environmental effects, genetics, food safety (for instance, olestra), folate (food fortification impact), hypertension and cholesterol (program success), and HIV and Hepatitis C Seroprevalence (necessary to protect the national blood supply).

## **National Institute for Occupational Safety and Health (NIOSH)**

CDC is requesting a total of \$136 million in FY 1997. A major component of this request is an investment of \$36 million to fully fund the NIOSH new advanced research facility. This state-of-the-art laboratory will increase the nation's occupational safety and health research capacity by more than one-third. When fully staffed, more than 300 researchers will have the opportunity to make advances in biochemistry, immunotoxicology, and molecular and

cellular biology that will be translated into information that directly assists work site health and safety programs. The facility will open in the Spring of 1996.

NIOSH programs establish and disseminate scientific and public health information necessary to ensure safe and healthful working conditions for 127 million American working men and women. Americans are working more hours than ever before, in environments that may profoundly affect their health. Even with the passage of the Occupational Health and Safety Act in 1970, and the mine safety laws that were enacted in 1969 and 1977 to protect miners, workplace hazards continue to inflict a tremendous toll in both human and economic costs. Even now, work-related injuries and illnesses still cost an estimated 63 thousand lives each year. Work injuries alone cost our economy over \$100 billion a year, and occupational illnesses cost additional billions of dollars.

Research plans for the coming year will focus on occupational lung disease, musculoskeletal injuries, cancers, traumatic injuries, reproductive disorders, neurotoxic disorders, cardiovascular disease, noise-induced hearing loss, dermatologic conditions, and protective equipment. These efforts will help to address solutions to occupational disease and workplace safety concerns in those fields where the dangers are the greatest--mining, construction, transportation/communications/public utilities and agriculture/forestry/fishing.

### **Mine Health and Safety Research--Bureau of Mines Transfer**

In FY 1997, CDC will take over the management of the health and safety research functions formerly performed by the Bureau of Mines. While the Mine Health and Safety Research program was initially transferred to the Department of Energy in FY 1996, the program will become part of the National Institute for Occupational Safety and Health (NIOSH) in FY 1997. A total of \$32 million and 413 FTE is requested for continuing this program in FY 1997.

### **Infectious Disease Laboratories: Repair and Improvement**

The FY 1997 request of \$8 million for buildings and facilities includes an increase of \$4 million for design and construction of 15,000 square feet of BLS-3 (Biosafety Level 3) containment laboratory space necessary to allow CDC to renovate its current laboratories which are 35 years old and deteriorating. The current building and facilities budget is not adequate to both build a new building and address CDC's backlog of building repair and improvement projects, so CDC has found offsets within programs that will directly benefit from the new laboratories. Conditions of existing laboratory space, including antiquated airhandling systems, place several hundred scientific employees at risk from highly infectious and dangerous organisms. This lab project is a top priority for the agency.

## **Rape Prevention/Education and Domestic Violence Demonstrations**

The FY 1997 request includes \$32 million from the Violent Crime Reduction Trust Fund to continue three programs authorized by the Violent Crime Control and Enforcement Act of 1994. CDC will distribute \$29 million to States as part of the Prevention Block Grant for rape prevention and education, and award \$3 million for domestic violence demonstration projects. These programs were first funded in FY 1996.

## **Chronic Diseases and Disabilities**

The FY 1997 request includes \$268 million to address the significant premature death and avoidable illness and disability that are caused by personal behaviors and exposure to toxic substances and natural disasters. Chronic diseases, including those present at birth, represent over 70 percent of the causes of death in the United States. Prevention of disease and its progression is based on reducing or eliminating behavioral risk factors--such as tobacco use, physical inactivity, and poor nutrition; increasing the prevalence of health promotion practices; detecting disease early to avoid complications; assessing human risks from environmental exposures; and reducing or eliminating exposures to environmental hazards. The CDC addresses a wide range of chronic and environmental diseases, including cardiovascular disease--the leading cause of death in the United States; diabetes; cancers; birth defects; reproductive disorders; and chronic fatigue syndrome.

## **Sexually Transmitted Diseases and Tuberculosis**

The request includes \$223 million to continue CDC programs to prevent and control infectious sexually transmitted diseases (STDs) and tuberculosis (TB). It is important that the Nation remain vigilant in maintaining adequate resources to hold STDs and TB in check. As recent as 1989, the U.S. had a resurgence of TB--a disease that had steadily declined since the 1940s. As a result, the CDC budget for TB has more than doubled since FY 1992--from \$67 million to \$145 million--and Medicaid coverage now provides approximately \$130 million for State TB services in non-traditional settings (for instance in crack houses, rather than in health clinics). Data from 1994 indicate that there has been a 9 percent decline in TB cases since 1992 when the peak number of cases was reported (26,673).

Maintaining resources necessary to prevent and control STDs is a high priority. More than 750,000 cases of pelvic inflammatory disease (PID) are diagnosed and treated each year, resulting in more than 165,000 hospitalizations for women aged 15-44. Annually, PID, secondary to either gonococcal or chlamydia infection, accounts for more than 125,000 cases of tubal infertility and nearly 50,000 cases of potentially fatal ectopic pregnancy. Delay in treatment and repeated episodes of symptomatic and asymptomatic PID result in higher rates of infertility, and result in complications for children born to untreated mothers.

To further complicate matters, these diseases are now presenting new challenges to the medical establishment as more and more multi-drug resistant (MDR) strains are diagnosed.

Although once easily and cost-effectively treated with antibiotics, medical care for MDR-TB and STDs is much more costly and more often fatal than for non-MDR strains. Prevention remains our best defense.

### **Performance Partnership Grants**

Similar to last year, the FY 1997 budget proposes to consolidate 32 CDC categorical grant programs into four Performance Partnership Grants--an HIV Grant, an STD/TB Grant, a Chronic Disease and Disability Prevention Grant, and an Immunization Grant. As proposed, these consolidations are designed to increase State flexibility, streamline Federal management, improve program performance, and ensure accountability.

With the creation of these new, simplified grants, CDC will be able to extend Federal resources to States with fewer strings attached, with less grant submissions, reviews, and negotiations, and with broader discretion at the State level to pursue their own priorities. States will be asked to submit a single annual grant application for each grant program and their performance on specific goals they choose will be monitored to see that their performance improves public health.

CDC will retain responsibility for research, demonstration, training, and technical assistance programs as well as targeted national programs including: purchasing childhood vaccines, addressing new emerging infectious diseases and environmental health issues, and eliminating child lead poisoning. CDC also will retain the existing Prevention Block Grant.

## CDC OVERVIEW

(Dollars in millions)

	<u>1995</u> <u>Actual</u>	<u>1996</u> <u>Policy*</u>	<u>1997</u> <u>Request</u>	<u>Request</u> <u>+/-Policy</u>
<u>Immunizations:</u>				
Partnership Grant .....	\$177	\$177	\$177	\$0
Vaccine Purchase .....	152	141	141	0
Other Immunization .....	<u>135</u>	<u>150</u>	<u>170</u>	<u>+20</u>
Subtotal.....	\$464	\$468	\$488	+\$20
<u>HIV/AIDS:</u>				
Partnership Grant .....	\$286	\$285	\$298	+\$13
Other HIV/AIDS .....	<u>304</u>	<u>298</u>	<u>319</u>	<u>+21</u>
Subtotal.....	\$590	\$583	\$617	+\$34
Infectious Diseases.....	54	62	88	+26
Health Statistics .....	81	80	90	+10
Occupational Safety and Health...	132	137	136	-1
Mine Health & Safety Research...	42	32	32	0
Building & Facilities.....	3	4	8	+4
Preventive Health Svcs Block Grant	158	145	145	0
Rape Prevention/Education.....	0	29	29	0
Domestic Violence Demos.....	0	3	3	0
Injury/Violence Control ...	44	43	43	0
<u>Chronic Diseases &amp; Disabilities:</u>				
Partnership Grant .....	\$118	\$118	\$117	-\$1
Chronic & Environmental Diseases	103	107	106	-1
Breast/Cervical Cancer... ..	<u>20</u>	<u>45</u>	<u>45</u>	<u>0</u>
Subtotal.....	\$241	\$270	\$268	-\$2
<u>Sexually Transmitted Diseases/TB:</u>				
Partnership Grant .....	\$186	\$183	\$182	-\$1
Sexually Transmitted Diseases ..	22	25	25	0
TB Elimination .....	<u>17</u>	<u>16</u>	<u>16</u>	<u>0</u>
Subtotal.....	\$225	\$224	\$223	-\$1
Epidemic Services.....	73	70	69	-1
Prevention Centers .....	8	8	7	-1
Lead Poisoning . .....	36	36	36	0
Toxic Substances/Disease Registry	69	59	58	-1
Director's Office .....	<u>3</u>	<u>3</u>	<u>0</u>	
Subtotal, Program Level .....	\$2,223	\$2,256	\$2,343	+\$87
Less: PHS Intra-Agency Transfers				
Receipts .....	<u>-98</u>	<u>-101</u>	<u>-113</u>	<u>-12</u>
Total, BA ....	\$2,125	\$2,155	\$2,230	+\$75
FTE .....	6,645	6,592	6,592	0

\* Based on levels of the ninth CR, including an incremental policy adjustment.  
Comparable Table--includes Bureau of Mines Safety and Health Research comparable figures for FY 1995 and FY 1996.